


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90304 001 ****50.00

DOCUMENT # L05000073012	
1. Entity Name GRAPHICS IN GLASS LLC	

Principal Place of Business 511 HARBOR BLVD DESTIN FL 32541 US	Mailing Address 114 C BENNING ROAD DESTIN FL 32541 US
---	--



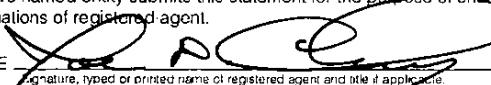
2. Principal Place of Business - No P.O. Box # 102 ALABAMA STREET Suite, Apt. #, etc. SUITE C City & State CRESTVIEW FL Zip 32536 Country USA	3. Mailing Address 102 ALABAMA STREET Suite, Apt. #, etc. SUITE C City & State CRESTVIEW FL Zip 32536 Country USA
--	--

1st MOORE CR2E083 (10/06)

4. FEI Number 20-3203435	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent FANELLA, NICHOLAS R 434 TANGLEWOOD DRIVE FORT WALTON BEACH FL 32547	7. Name and Address of New Registered Agent Name CHANCEY JOE D Street Address (P.O. Box Number is Not Acceptable) 102 ALABAMA STREET SUITE C City CRESTVIEW FL Zip Code 32536
--	---

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  JOE D. CHANCEY 1/31/07
(NOTE: Registered Agent signature required when reinstating.) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CHANCEY, JOE D 114 C BENNING ROAD DESTIN FL 32541 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CHANCEY JOE D 102 ALABAMA STREET SUITE C CRESTVIEW FL 32536 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  JOE D. CHANCEY 1/31/07 1-850-758-8357
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #